

Los Angeles County + University of Southern California Healthcare Network
Attending Staff Association

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LAC+USC HEALTHCARE NETWORK
Department of Psychiatry Privileges

Print Name

Signature

Date

Staff must complete:

I have read and agree to abide by the policies and procedures on restraints of LAC+USC Healthcare Network.

Request for privileges:

_____ Privilege: Application of and compliance with Network restraint policy, assessment of inpatients and reporting to Psychiatric Attending of record or designee.

Qualifications: Licensed California physician

Location: Augustus Hawkins Psychiatric Inpatient Service

_____ I am not requesting Privileges.

Approved

Denied

Cond.

Signature

Date

Division Chief or designee

Date

Signature

Date

Department Chairman or designee

Date